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| Index of Claims  | Application/Control No. 10720868 | Applicant(s)/Patent Under Reexamination HELBLING ET AL. |
| | Examiner THJUAN K ADDY | Art Unit 2614 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | | | <input type="checkbox"/> T.D. | | | | <input type="checkbox"/> R.1.47 | | | |
|--|----------|------------|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM | | DATE | | | | | | | | | | | | | |
| Final | Original | 03/19/2010 | 04/10/2010 | | | | | | | | | | | | |
| - | 1 | - | - | | | | | | | | | | | | |
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| 10 | 9 | = | = | | | | | | | | | | | | |
| 1 | 10 | = | = | | | | | | | | | | | | |
| 2 | 11 | = | = | | | | | | | | | | | | |
| 3 | 12 | = | = | | | | | | | | | | | | |
| 4 | 13 | = | = | | | | | | | | | | | | |
| 5 | 14 | = | = | | | | | | | | | | | | |
| 6 | 15 | = | = | | | | | | | | | | | | |
| 11 | 16 | = | = | | | | | | | | | | | | |
| 12 | 17 | = | = | | | | | | | | | | | | |
| 13 | 18 | = | = | | | | | | | | | | | | |
| - | 19 | - | - | | | | | | | | | | | | |
| - | 20 | - | - | | | | | | | | | | | | |
| 14 | 21 | = | = | | | | | | | | | | | | |
| 15 | 22 | = | = | | | | | | | | | | | | |
| - | 23 | - | - | | | | | | | | | | | | |
| 16 | 24 | = | = | | | | | | | | | | | | |
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| 17 | 26 | = | = | | | | | | | | | | | | |
| 18 | 27 | = | = | | | | | | | | | | | | |
| 19 | 28 | = | = | | | | | | | | | | | | |
| 20 | 29 | = | = | | | | | | | | | | | | |
| 21 | 30 | = | = | | | | | | | | | | | | |
| 22 | 31 | = | = | | | | | | | | | | | | |
| - | 32 | - | - | | | | | | | | | | | | |
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| 23 | 34 | = | = | | | | | | | | | | | | |
| 24 | 35 | = | = | | | | | | | | | | | | |
| 25 | 36 | = | = | | | | | | | | | | | | |

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| Final | Original | 03/19/2010 | 04/10/2010 | | | | | | | | | | | | |
| 26 | 37 | = | = | | | | | | | | | | | | |